

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ Rejected N Non-elected  
 = Allowed I Interference  
 - (Through numeral) Canceled A Appeal  
 -+ Restricted O Objected

Claim	Date	Claim	Date	Claim	Date
Final		Original		Final	
1	12/2/83	51		101	
2	12/2/83	52		102	
3	12/2/83	53		103	
4	12/2/83	54		104	
5	12/2/83	55		105	
6	12/2/83	56		106	
7	12/2/83	57		107	
8	12/2/83	58		108	
9	12/2/83	59		109	
10	12/2/83	60		110	
11	12/2/83	61		111	
12	12/2/83	62		112	
13	12/2/83	63		113	
14	12/2/83	64		114	
15	12/2/83	65		115	
16	12/2/83	66		116	
17	12/2/83	67		117	
18	12/2/83	68		118	
19	12/2/83	69		119	
20	12/2/83	70		120	
21	12/2/83	71		121	
22	12/2/83	72		122	
23	12/2/83	73		123	
24	12/2/83	74		124	
25		75		125	
26		76		126	
27		77		127	
28		78		128	
29		79		129	
30		80		130	
31		81		131	
32		82		132	
33		83		133	
34		84		134	
35		85		135	
36		86		136	
37		87		137	
38		88		138	
39		89		139	
40		90		140	
41		91		141	
42		92		142	
43		93		143	
44		94		144	
45		95		145	
46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

If more than 150 claims or 10 actions  
staple additional sheet here

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